

2011.29.A

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<div> <div>CERTIFICATED COMPANY INFORMATION</div> </div>			
<div> <div>Norstar Telecommunications, LLC</div> <div>Company Name</div> </div>		<div> <div>FEIN/SSN:</div> <div></div> </div>	
<div> <div></div> <div>Dbafka</div> </div>		<div> <div>Telephone #:</div> <div>678-436-5590</div> </div>	
<div> <div>3483 Satellite Blvd., Suite 202</div> <div>Mailing Address:</div> </div>			
<div> <div>Duluth</div> <div>City, State, Zip Code</div> </div>	<div> <div>GA</div> <div></div> </div>	<div> <div>30096-5800</div> <div></div> </div>	<div> <div>OFFICE OF REGULATORY STAFF</div> <div>RECEIVED</div> <div>JAN 18 2011</div> </div>
<div> <div>10025 Scenic View Road</div> <div>Business Location</div> </div>			
<div> <div>Vienna</div> <div>City, State, Zip Code</div> </div>	<div> <div>VA</div> <div></div> </div>	<div> <div>22182-0000</div> <div></div> </div>	<div> <div>County:</div> <div></div> </div>

REGISTERED AGENT INFORMATION	
Registered Agent:	_____
Mailing Address:	_____ _____
City, State, Zip Code	_____

A.	Shaun	Naghdli	Business Location Address
	General Manager (Include Address if Different than above)		
	703-757-4005	/ 703-757-1344	/
	Telephone Number	/ Facsimile Number	/ E-mail Address
B.	Esfandiyar	Sepahi	Business Location Address
	Customer Relations/Complaints Representative (Include Address if Different than above)		
	703-757-4005	/ 703-757-1344	/
	Telephone Number	/ Facsimile Number	/ E-mail Address
C1.	Esfandiyar	Sepahi	Business Location Address
	Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)		
	703-757-4005	/ 703-757-1344	/
	Telephone Number	/ Facsimile Number	/ E-mail Address

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MAR 17 2011

PSC SC
MAIL / DMS

AUTHORIZED TELECOMMUNICATIONS UTILITY REPRESENTATIVE

Provide the **name, title, address and telephone number of the designated regulatory affairs staff who should be contacted in connection with general management duties and customer complaints received via the South Carolina Office of Regulatory Staff.**

Norstar Telecommunications, LLC

COMPANY NAME (Including dba Name(s) or Acronyms used or to be used in SC)

a. Shaun Naghdi

General Manager (Print)

10025 Scenic View Road

Address

Vienna

VA

22182-0000

City, State, Zip Code

703-757-4005

703-757-1344

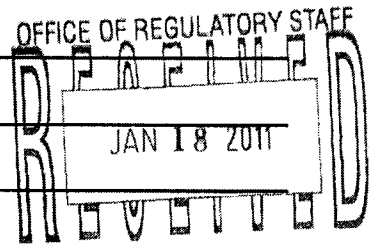
Telephone Number

/

Facismile Number

/

E-Mail Address



b. Esfandiyar Sepahi

Customer Relations/Compliants Representative for Written Compliants (Print)

10025 Scenic View Road

Address

Vienna

VA

22182-0000

City, State, Zip Code

703-757-4005

703-757-1344

Telephone Number

/

Facismile Number

/

E-Mail Address

c. Esfandiyar Sepahi

Customer Relations/Compliants Representative for Verbal Compliants (Print)

10025 Scenic View Road

Address

Vienna

VA

22182-0000

City, State, Zip Code

703-757-4005

703-757-1344

Telephone Number

/

Facismile Number

/

E-Mail Address

d. Esfandiyar Sepahi

Customer Relations/Compliants Representative for Escalated Compliants (Print)

10025 Scenic View Road

Address

Vienna

VA

22182-0000

City, State, Zip Code

703-757-4005

703-757-1344

Telephone Number

/

Facismile Number

/

E-Mail Address

Lisa Brown

Authorized Signature - Lisa

Brown

1/13/2011

Date

E.	Test and Repair (Include Address if Different than above)		
-	/ -	/	
Telephone Number	/ Facsimile Number	/ E-mail Address	
F.	Emergencies (During Non-Office Hours)		
-	/ -	/	
Telephone Number	/ Facsimile Number	/ E-mail Address	

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

	Lisa	Brown	Mailing Address
G.	Regulatory Officer (Included Address if Different Address if different than above)		
	678-436-5590	/ 678-802-3483	/ lbrown@rtcllc.net
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Lisa	Brown	
H.	Dual Party Mailings (Name)		
	(Mailing Address)		
	678-436-5590	/ 678-802-3483	/ lbrown@rtcllc.net
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Lisa	Brown	
I.	Interim LEC Fund Mailing (Name)		
	(Mailing Address)		
	678-436-5590	/ 678-802-3483	/ lbrown@rtcllc.net
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Lisa	Brown	
J.	Universal Service Fund Mailings (Name)		
	(Mailing Address)		
	678-436-5590	/ 678-802-3483	/ lbrown@rtcllc.net
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Lisa	Brown	
K.	Gross Receipts Mailings (Name)		
	(Mailing Address)		
	678-436-5590	/ 678-802-3483	/ lbrown@rtcllc.net
	Telephone Number	/ Facsimile Number	/ E-mail Address

Lisa	Brown	/
This form was completed by		Signature
Account Manager		/ 1/13/2011
Title	Date	

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street
Columbia, South Carolina 29201